Guidelines for the Poverty Application

- 1. Read the Guidelines provided. This explains the Asset Test and the guidelines that Haring Township will be using to process your application. INCOMPLETE APPLICATIONS COULD RESULT IN YOUR APPLICATION BEING DENIED.
 - 1. Fill out the application, please be complete and provide all the information.
 - 2. YOU MUST ATTACH A COPY OF YOUR FEDERAL or STATE INCOME TAX RETURN, OR A COPY OF YOUR 1099 STATEMENT FROM SOCIAL SECURITY FOR YOUR SUPPLEMENTAL SOCIAL SECURITY OR SOCIAL SECURITY BENEFITS. IF YOU ARE NOT REQUIRED TO FILE A FEDERAL OR STATE INCOME TAX RETURN YOU MUST FILL OUT FORM 4988 AND YOU MUST PROVIDE US WITH YOUR INCOME IN A VERIFIED FORM.
 - 3. You will need to provide us with a Bank Statement.
 - 4. Form 5739 will also need to be filled out.
 - 5. Please remember you must give us a copy of your State I.D. or Driver's license and proof of ownership of your house if requested.
 - 6. You must include the income for all adults that reside in your home!
- 2. YOU MUST CHECK THE BOX IN PART 11 OF THE POVERTY EXEMPTION APPLICATION STATING THAT YOU HAVE REVIEWED BOTH THE POLICY AND GUIDELINES PROVIDED TO YOU.

A RESOLUTION ESTABLISHING POVERTY GUIDELINES FOR EXEMPTION FROM PROPERTY TAX CONTRIBUTIONS

WHEREAS, the adoption of guidelines for poverty exemptions is within the purview of the Township Board; and

WHEREAS, the homestead of persons who, in the judgment of the Board of Review, by reason of poverty, are unable to contribute to the public charges is eligible for exemption in whole or part from taxation under Public Act253 of 2020 (MLC211.7u) and

WHEREAS, pursuant to PA253, 2020, Township of Haring, Wexford County adopts the following guidelines for the Board of Review to implement. The guidelines shall include but not be limited to the specific income and assets levels of the claimant and all persons residing in the household in the current or immediately preceding year;

PROCESS:

To file a poverty exemption from property tax contribution in Township of Haring, the following processes shall be used:

- File a claim with the Board of Review using Form 5753 Application for MCL 211.7u. Form needs to be, accompanied by federal and state tax returns for all persons residing in the homestead or file form 4988 Poverty Exemption Affidavit if you are not required to file a Federal Income Tax Return.
- Produce a valid driver's license or other form of identification if requested.
- Produce a deed, land contract, or other evidence of ownership of the property for which an exemption is requested.
- The application for and exemption shall be filed after January 1, but before the day prior to the last day of Board of Review.
- Any tax exemption given to an individual under these guidelines shall be for the one (1) year tax and a new application will be required for the next year.
- The Board of Review CANNOT Deviate from the Guidelines listed herein.
- Must meet the federal poverty standards published annually by the State Tax Commission.
- Must meet the asset level test adopted by the local assessing unit.
- A person claiming the poverty exemption meets all the requirements of the Guidelines set by the Township of Haring's Board of Review they shall grant an exemption of 100%.

ELIGIBILITY:

Eligibility for exemption from property tax contributions is set as follows:

- Be an owner of and occupy as a homestead the property for which an exemption is requested.
- Meet the federal poverty income standards as published annually by the State Tax Commission.
- The guidelines apply to individuals and not to corporations, partnerships, associations, or trusts. In the event that a partnership, association, or co-owners apply, the guidelines apply to the total

assets of all individuals involved. In the event that a trustee, guardian, personal representative or other administrator applies, the guidelines apply to the total assets of the beneficiaries, in or out of the trust or estate, no matter how held. The purpose of this rule is to have the guidelines apply to the assets of all individuals involved.

- The guidelines apply to an owner of a life estate. If the property is held in a Joint Tenancy with full
 rights of survivorship the income of all the people listed in the Joint Tenancy shall be used. The
 owner of the life estate must reside upon and use the property as his or her principal residence in
 accordance with MCL211.7u and 211.7dd.
- Anyone living in the household must include their income.

ASSET DETERMINATION:

A number of factors will be weighed in order to determine whether an applicant qualifies for an exemption.

- 1. Factors analyzed will include the following:
 - a. Income levels
 - b. Total value of liquid assets
 - c. Total non-homestead real property
 - d. Total acreage owned: could include the minimum zoning footprint for the home
 - e. Non-essential personal property
 - f. Total value of all assets
 - g. Gifts made within three (3) years
 - h. Retirement account, value I.R.A., 401K, etc. Other factors suggesting an individual's worth, including, but not limited to life insurance, business, lawsuits, judgments due, etc.

"Total household Income" is defined as money, wages, and salaries before deductions; net receipts from non-farm self-employment, business, professional, enterprise, or partnership after, deductions for business expenses; regular payments from social security, retirement, unemployment or worker's compensation, veteran's payments, public assistance; alimony, child support, military family allotments or other regular support from an absent family member or someone not living in the household; private pensions, government pensions, annuity or insurance payments; scholarships, grants, fellowships, assistantships, dividends, interest, rental income, royalties, periodic receipts from estates or trusts, and gambling or lottery winnings. Michigan Homestead Tax Credit cannot be included as income per Ferron v Walton Twp, Court of appeals No. 302221.

Total Liquid and non-homestead assets along with non-essential personal property shall not exceed 150% of the income listed.

- Liquid assets to be considered include cash, unrestricted deposits and accounts, securities, bonds, promissory notes, stocks, and other similar type of assets.
- A second home, land, vehicles.
- Recreational vehicles such as campers, motor-homes, boats and ATV's.
- Buildings other than residence.
- Jewelry, antiques, artwork.
- Equipment, other personal property of value.
- Bank Accounts over \$10.00, stocks.
- Money received from the sale of property, such as stocks, bonds, a house or car (unless a person
 is in the specific business of selling such property.

- Withdrawals of bank deposits and borrowed money.
- Gift's, loans, lump-sum inheritances and one-time insurance payments.
- Food or housing received in lieu of wages and the value of food and fuel produced and consumed on farms.
- Federal non-cash benefit programs such as Medicare, Medicaid, food stamps and school lunches.

NOW, THEREFORE, BE IT HEREBY RESOLVED, that the Board of Review shall follow the above stated policy and federal guidelines in granting or denying an exemption.

The foregoing resolution offered by Township Board Member Scarbrough and support by Baldwin Township Board Member Trustee.

Upon Roll Call Vote motion carried unanimously.

Aye: 6 Nay: 0

Absent: T. Dewey

The Supervisor declared the resolution adopted.

CERTIFICATION

I, the undersigned and duly qualified and acting clerk of Haring Township, Wexford County, Michigan, (the "Township") do hereby certify that the foregoing is a true and complete copy of a resolution adopted by the Township Board at a regular meeting held on January 9, 2023 the original of which is on file in my office and that public notice of said meeting was given pursuant to and in compliance with Act 267 of the Public Acts of Michigan of 1976, as amended.

State Tax Commission Poverty Guidelines Bulletin 19 of 2022

Size of Family Unit	Poverty		
	Guidelines		
1	\$13,590		
2	\$18,310		
3	\$23,030		
4	\$27,750		
5	\$32,470		
6	\$37,190		
7	\$41,910		
8	\$46,630		
For each additional person	\$4,720		

Application for MCL 211.7u Poverty Exemption

This form is issued under the authority of the General Property Tax Act, Public Act 206 of 1893, MCL 211.7u.

MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893, provides a property tax exemption for the principal residence of persons who, by reason of poverty, are unable to contribute toward the public charges. This application is to be used to apply for the exemption and must be filed with the Board of Review where the property is located. This application may be submitted to the city or township the property is located in each year on or after January 1.

To be considered complete, this application must: 1) be completed in its entirety, 2) include information regarding all members residing within the household, and 3) include all required documentation as listed within the application. Please write legibly and attach additional pages as necessary.

PAR	RT 1: PERSONAL INFO	RMATION -	- Petitioner must I	ist all required person	al information.			
Petitioner's Name					Daytime Phone Number			
Age of Petitioner Marital Status			Age of Spouse	Number of Legal Dependents				
Prope	rty Address of Principal Residenc	е		City		State	ZIP Code	
Check if applied for Homestead Property Tax Credit			Amount of Homestead Property Tax Credit					
PAR	RT 2: REAL ESTATE IN	FORMATIO	N		10 TO 10	e de la companya de		
evic	the real estate information	tion related to ne property a	o your principal res at the Board of Rev	sidence. Be prepared view meeting.	to provide a d	eed, lan	d contract or other	
Property Parcel Code Number			Name of Mortgage Company					
Unpaid Balance Owed on Principal Residence Monthly Payment			Length of Time at this Residen			ence		
PAR	T 3: ADDITIONAL PRO	OPERTY IN	FORMATION		is made at			
List	information related to a	ny other pro	perty owned by yo	u or any member resi	ding in the hou	ısehold.		
Check if you own, or are buying, other property. If ch information below.			ecked, complete the	Amount of Income Earned from other Prop		om other Property		
1	Property Address			City	-	State	ZIP Code	
	Name of Owner(s)			Assessed Value	e Date of Last Taxes Paid		Amount of Taxes Paid	
2	Property Address			City		State	ZIP Code	
	Name of Owner(s)			Assessed Value	Date of Last Taxe	s Paid	Amount of Taxes Paid	

PART 4: EMPLOYMENT	INFORMAT	ION — List your co	urrent employ	ment in	formation.				
Name of Employer									
Address of Employer			City	City			ZIP Code		
Contact Person			Employer Tele	Employer Telephone Number					
DART E. INCOME SOUR	050			7727727					
PART 5: INCOME SOUR	**************************************					3.17	#		
List all income sources, in accounts), unemployment judgments from lawsuits, income, for all persons re	t compensat alimony, chi	ion, disability, gove ild support, friend	ernment pensi	ons. wo	orker's compensat	ion div	idends claims and		
Source of Income						Monthly or Annual Income (indicate which)			
PART 6: CHECKING, SAV	VINGS AND	INVESTMENT IN	IEODMATION	\$149 kills					
List any and all savings accounts, postal savings, persons residing at the pr	owned by a	all household men	nbers, includi	na but	not limited to: ch	ecking similar i	accounts, savings nvestments, for all		
Name of Financial Institution or Investments		Amount on Deposit	Current Interest Rate		Name on Account		Value of Investment		
					1				
PART 7: LIFE INSURANCE	E — List all	policies held by a	ll household r	nemhei	re				
	Amount		Policy Pa	T	10.	E STATE OF			
Name of Insured	Policy				Name of Beneficiary		Relationship to Insured		
PART 8: MOTOR VEHICL	E INFORM	ATION							
All motor vehicles (includ within the household must	ing motorcy	1848 C 845 C 201 No. 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	s, camper tra	ilers, e	tc.) held or owne	d by ar	y person residing		
Make		Year		Mont	hly Payment	hly Payment B			
		1000		montary r dyment		Б	alance Owed		

PART 9: HOUSEHOLD O	CCUPANTS	— List all p	ersons	living	in the househ	nold.		elekkiri Villa	
First and Last			Age	R	Relationship o Applicant		e of	Employment	\$ Contribution to Family Income
								8	
PART 10: PERSONAL DE	BT — List a	Il personal d	lebt for	all ho	usehold mem	bers.			
Creditor	Purpose	of Debt	Dat of De		Original Ba	lance	Mont	thly Payment	Balance Owed
PART 11: MONTHLY EXPE	ENSE INFO	RMATION						i sastatil	
The amount of monthly ex necessary.	penses rela	ted to the p	rincipal	resid	lence for each	ı cateç	jory i	must be listed	. Indicate N/A as
Heating	Electric	Electric		Water			Phone		
Cable	Food	Food		Clothing			Health Insurance		
Garbage		Daycare				Car Expense (gas, repair, etc.		se (gas, repair, etc.))
Other (type and amount)		Other (type and	Other (type and amount)			Other (type and amount)			
Other (type and amount)		Other (type and amount)			Other (type and amount)				

NOTICE: Per MCL 211.7u(2)(b), federal and state income tax returns for all persons residing in the principal residence, including any property tax credit returns, filed in the immediately preceding year or in the current year must be submitted with this application. Federal and state income tax returns are not required for a person residing in the principal residence if that person was not required to file a federal or state income tax return in the tax year in which the exemption under this section is claimed or in the immediately preceding tax year.

PART 11: POLICY AND GUIDELINES ACKNOWLEDGMENT						
The governing body of the local assessing unit shall determine and make available to the public the policy and guidelines used for the granting of exemptions under MCL 211.7u. In order to be eligible for the exemption, the applicant must meet the federal poverty guidelines published in the prior calendar year in the Federal Register by the United States Department of Health and Human Services under its authority to revise the poverty line under 42 USC 9902, or alternative guidelines adopted by the governing body of the local assessing unit so long as the alternative guidelines do not provide income eligibility requirements less than the federal guidelines. The policy and guidelines must include, but are not limited to, the specific income and asset levels of the claimant and total household income and assets. The combined assets of all persons must not exceed the limits set forth in the guidelines adopted by the local assessing unit.						
The applicant has reviewed the applicable policy and guidelines adopted by the city or township, including the specific income and asset levels of the claimant and total household income and assets.						
PART 12: CERTIFICATION						
I hereby certify to the best of my knowledge that the information provided in this form is complete, accurate and I am eligible for the exemption from property taxes pursuant to Michigan Compiled Law, Section 211.7u.						
Printed Name	Signature	Date				

This application shall be filed after January 1, but before the day prior to the last day of the local unit's December Board of Review.

Decision of the March Board of Review may be appealed by petition to the Michigan Tax Tribunal by July 31 of the current year. A July or December Board of Review decision may be appealed to the Michigan Tax Tribunal by petition within 35 days of decision. A copy of the Board of Review decision must be included with the petition.

Michigan Tax Tribunal PO Box 30232 Lansing MI 48909

Phone: 517-335-9760

E-mail: taxtrib@michigan.gov

Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty

This form is issued under the authority of Public Act 253 of 2020.

This form is to be used to affirm ownership, occupancy, and income status. MCL 211.7u(2) provides that, to be eligible for exemption under this section, a person shall, subject to subsection (6) and (8), annually affirm that the applicant owns and occupies, as a principal residence, the property for which an exemption is requested.

PART 1: OWNER INFORMATION — Enter inform	mation for the person owning	and occupying the	e resid	dence		
Owner Name		Owner Telephone Number				
Mailing Address	City		State	ZIP Code		
	1-19	1	Jiaie	ZIP Code		
PART 2: LEGAL DESIGNEE INFORMATION (C	omplete if applicable.)					
Legal Designee Name		Daytime Telephone	Number	64 SE 252 FEBRUARY 19 E 25 FE		
Mailing Address	City		21-1-	Table		
	Oity	"	State	ZIP Code		
PART 3: HOMESTEAD PROPERTY INFORMAT	ION — Enter information for pro	perty in which the	exempt	tion is being claimed		
Only of Township (Check the appropriate box and enter name)	1	County	p.	and the boning oldimed.		
City Township Village						
Name of Local School District						
Darrol Idaniffantia Numb						
Parcel Identification Number	Year(s) Exemption Previou	sly Granted by Board of	Review			
Homestead Property Address	City	T s	State	ZIP Code		
-				STATE		
PART 4: AFFIRMATION OF OWNERSHIP, OCC	UPANCY, AND INCOME STA	TUS (Check all b	oxes t	hat apply.)		
I own the property in which the exemption is	s being claimed.					
The property in which the exemption is bein	g claimed is used as my hom	estead Homeste	ad is c	reperally defined		
as any dwelling with its land and buildings w	here a family makes its home),	uu 10 g	goriorally delined		
After establishing in the Little Court						
After establishing initial eligibility for the exe I receive a fixed income solely from public as	mption, my income and asset	status has remai	ned ur	nchanged and/or		
rate of inflation, such as federal Supplement	tal Security Income or Social S	significant annua Security disability	or reti	ases beyond the		
rate of inflation, such as federal Supplemental Security Income or Social Security disability or retirement benefits.						
PART 5: CERTIFICATION						
I hereby certify to the best of my knowledge that the information provided on this form is true and I am eligible to receive						
an exemption from property taxes by reason of poverty pursuant to Michigan Compiled Law, Section 211.7u.						
Owner or Legal Designee Name (print)	Signature of Owner or Legal Designee		Da	ate		
Designee must attach a letter of authority.						
LOCAL GOVERNMENT U	SE ONLY (DO NOT WRITE B	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	Name and Address of the Owner, where			
Approved Denied (Attach appeal instruc	tions and provide to owner.)	rax rear(s) exemp	tion will	be posted to tax roll		
CERTIFICATION — I certify that, to the best of	my knowledge, the informatio	n contained in th	is forn	n is complete and		
accurate.				The second second		
Assessor Signature		Date Certified by Ass	essor			
		5.				